

ALL WALES PRESCRIBING ADVISORY GROUP

DRAFT Minutes of meeting held on

Wednesday 5 December 2018, commencing 9.30 am at the Angel Hotel, Cardiff

Voting members

Dr Lisa Adams	General Practitioner, Abertawe Bro Morgannwg
Mr David Barnard	Lay member
Dr Craig Barrington	Consultant, Velindre
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mr Mike Curson	Pharmacist, Aneurin Bevan
Mr Ross Davies	Pharmacist, Hywel Dda
Dr Laurence Gray	Consultant, Cardiff and Vale
Mrs Louise Howard-Baker (Chair)	Pharmacist, Betsi Cadwaladr
Dr Sue Jeffs	Consultant, Aneurin Bevan
Mr Dylan Jones	Community Pharmacist, Powys
Dr Sally Lewis	National Clinical Lead for Value-Based and Prudent Healthcare, Aneurin Bevan
Miss Karen May	Pharmacist, Cardiff and Vale
Dr Becky McGee	General Practitioner, Aneurin Bevan
Mrs Bethan Tranter	Chief Pharmacist, Velindre
Mrs Bev Woods	Pharmacist, Cwm Taf
Ms Cathy Wynne	Physiotherapy Lead, Betsi Cadwaladr

In attendance (non-voting)

Mr Richard Boldero	AWTTC
Dr Rob Bracchi	Medical Advisor, AWTTC
Ms Anne Coles	AWTTC
Miss Christine Collier	AWTTC
Mr Thomas Curran	AWTTC
Ms Claire Elliot	AWTTC
Dr Stephanie Francis	AWTTC
Ms Kath Haines	AWTTC
Mr Jamie Hayes	AWTTC
Mrs Karen Samuels	AWTTC
Mrs Claire Thomas	AWTTC
Mr Paul Fleming	British Generics Manufacturers
Mr Darren Ormond	Welsh Government
Mr Ifan Evans	Welsh Government
Dr Tessa Lewis	Aneurin Bevan
Dr Simon Barry	Cardiff and Vale
Prof Susan Jordan	Swansea University
Ms Claire Lehane	Swansea University

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CEPP	Clinical Effectiveness Prescribing Programme
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NWIS	NHS Wales Informatics Service
PHW	Public Health Wales

1.0 Welcome and introduction

The Chair welcomed new members David Barnard, Craig Barrington, Karen May, Cathy Wynne and Ross Davies. Also members were informed that two members are leaving. Dr Sue Jeffs, vice chair, was thanked for her service as a member, and for standing in as Chair on several occasions. Sue Jeffs thanked members and reminded them that she is available to help via email. Robyn Miles, ABPI Wales Industry Group member, was also thanked for her service as a member; she was unable to be present, but sent her thanks to members and also hoped to be able to be of assistance in the future.

Members introduced themselves.

2.0 Apologies

Apologies were received from:

Dr Anders Skarsten	Consultant, Powys
Mrs Clare Clement	Prescribing Advisor, Cardiff and Vale
Ms Lynette James	Pharmacist, Cardiff and Vale
Mr Aled Falvey	Clinical Specialist Physiotherapist, Powys
Miss Sian Evans	Consultant in Pharmaceutical Public Health, PHW
Dr Rick Greville	ABPI
Mrs Robyn Miles	ABPI Wales Industry Group
Dr David Pyle	Consultant, Powys

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the meeting. No conflicts of interest were declared.

4.0 Chair's report

Members were reminded that the Best Practice Day 2019 will be held on 9 July, and ideas for sessions/speakers were requested.

5.0 Minutes of previous AWPAG meeting – 19 September 2018

Minutes for the previous meeting were checked for accuracy. Accuracy was agreed.

6.0 Feedback from October and November 2018 AWMSG meetings for information

Claire Thomas informed members that no AWPAG papers were presented at those AWMSG meetings.

7.0 Implications of Brexit for Medicines in Wales

Ifan Evans, Welsh Government, attended the meeting to provide members with an overview of contingency work going on in Welsh Government to minimise potential negative impacts of Brexit, in particular in the case of a 'no deal' outcome. Members were informed that a large number of additional civil servants had been taken on and substantial efforts were being made to ensure that there would be continuity of supply for medicines, devices and equipment in Wales. The UK Government is working with pharmaceutical suppliers to ensure that they maintain a 6-week supply of additional stock as a buffer and have received a commitment from suppliers that this will be in place on 90% of medicines. The remaining 10% is being worked on and the list will hopefully be shared with Welsh Government soon.

8.0 Documents for discussion

8.1 National Prescribing Indicators 2019–2020

Claire Thomas and Richard Boldero outlined the consultation comments received and raised questions that required input from AWPAG members.

Prescribing Safety Indicators

Aspirin use is currently monitored in under 12s, as this NPI was built from the original trigger tool; however, the consultation raised the issue of aspirin being contraindicated in under 16s in line with the updated licensed indication. If a change to under 16s is required then this can be requested from Audit+. Members felt this should be changed.

Proton pump inhibitors

This NPI has been moved from the 'Efficiency' category to the 'Safety' category and members agreed.

Opioids

Consultation responses queried whether co-codamol should be included in the opioid burden basket. Average daily quantity (ADQ) data for co-codamol are not currently available on Comparative Analysis System for Prescribing Audit (CASPA); however, Shared Services are working on this. Members felt that both 8/500 and 30/500 strengths of co-codamol should be included for monitoring purposes.

Consultation responses also questioned whether tramadol still needs to be monitored as a separate NPI. Members felt that they would like it to remain – it still poses a safety issue and as prescribers make changes to their opioid prescribing there is a risk of increased prescribing. Sue Jeffs informed members that work was underway on primary care prescribing of pain medicines, and she would be submitting a New Project Proposal Form to AWTTC following further discussion.

Antimicrobial stewardship

The total volume of antimicrobials in secondary care NPI was discussed. One consultation comment had noted that there are concerns around the different ways health boards manage stock and the impact this has on the data available and ability to compare with others. The data currently available from Public Health Wales was provided on the understanding that it was not to be used for publication. Members were concerned to learn this and questioned the validity of this indicator when data is not readily available and does not allow comparison between health boards. It was agreed that this should not be included as an NPI for 2019-2020 but could be considered in future.

Primary care 4Cs as a percentage measure was discussed in light of several consultation comments. It was agreed that the true picture could be masked where overall use of antimicrobials is very high or very low. It was agreed to remove this indicator as use of 4C antimicrobials per 1,000 patients provided a more accurate picture of the prescribing of these antibiotics.

Biosimilars

The impact of insulin glargine being included in the biosimilar basket and skewing the overall biosimilar percentage uptake was discussed. Bethan Tranter informed members that the Chief Pharmacists feel strongly that it should be removed. Although not proposed to be included as an indicator, insulin glargine will still be included within the biosimilar dashboard for monitoring purposes where required.

One of the aims of the NPI is to drive competition, and it is therefore important to ensure that the basket of biosimilars being monitored is current and relevant across

health boards in Wales. AWTTTC will liaise with Mark Francis as Chair of the All Wales Drugs Contracting committee to ensure this.

Following discussion it was agreed to retain the NPI terminology of “most cost efficient biosimilar” as opposed to other suggestions e.g. best value, lowest acquisition cost.

It was agreed to omit enoxaparin from the biosimilar basket for this year due to variation in usage across health boards, but it will be included within the dashboard. Members were reminded that baskets could be changed during the course of the year if necessary.

Bethan Tranter raised a question on whether trastuzumab data will compare IV products only; Richard Boldero confirmed that this will be the case.

It was agreed to remove the statement on individual health board contracting prices. At the time it was written there was no central contracting system. However, inclusion could now be undermining central process.

This document will now go to AWMSG in February 2019 to request endorsement.

ACTION: Contact Audit+ about changing aspirin PSI from under 12 to under 16.

ACTION: Add co-codamol to opioid burden basket.

ACTION: Remove total volume of antimicrobials in secondary care NPI.

ACTION: Remove 4C antimicrobial items as a percentage of all antimicrobial prescribing NPI.

ACTION: Louise Howard-Baker to contact Mark Francis to discuss biosimilars for inclusion.

ACTION: Remove biosimilar statement on individual health board contracting prices.

8.2 National Prescribing Indicators 2019–2020 Supporting Information for Prescribers

Claire Thomas confirmed that changes to the NPIs will also be reflected in the Supporting Information for Prescribers document.

Comments provided by Sian Evans before the meeting were highlighted including that the ‘How?’ section is very helpful; members agreed and it was suggested that this section could be expanded or pulled out as an standalone document.

Bev Woods suggested that the ‘How?’ section for Yellow Cards could include the different mechanisms for reporting, such as via the GP practice clinical system and via the app.

There was discussion around the tables on opioid equivalence and whether they are sufficiently user-friendly. Sue Jeffs agreed to see if there was something more accessible.

ACTION: AWTTTC to expand the ‘How?’ sections, add information to the Yellow Card section, and look into developing a standalone document.

ACTION: Sue Jeffs to look for more user-friendly opioid equivalence tables.

Craig Barrington joined the meeting.

8.3 Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for NHS Wales

Richard Boldero thanked members for their comments on *Medicines Identified as Low Priority for Funding in NHS Wales – Paper 2*, which will now be going to AWMSG on December 12 for endorsement.

It was noted that an update of Low Priority for Funding in NHS Wales – Paper 1 may be due. The paper includes liothyronine, for which the Regional Medicines Optimisation Committee (RMOC) has recently published updated prescribing guidance. This RMOC guidance includes a table listing actions for GPs and consultants in the case of specific indications and liothyronine treatment regimens. It was agreed that Paper 1 would be updated by incorporating this table into the guidance for liothyronine.

The paper *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for NHS Wales* was then discussed. It was detailed that this was originally considered as Paper 3 in the series of *Low Priority for Funding* papers. To reflect the NHS England document on which it had been based, the group agreed that the proposed title of *Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for NHS Wales* was appropriate. Richard Boldero also mentioned that amendments had been made to the document following discussions with the Choose Pharmacy team, to clarify where this document overlapped with conditions already covered by the Common Ailments Service.

In discussing the paper, Bev Woods suggested that this advice would benefit from having Patient Information Leaflets to support the clinician in communicating the reasons behind not prescribing the item. Richard Boldero highlighted that the document refers to the Common Ailments Formulary where appropriate, and this already provides Patient Information Leaflets. There was also the option of repurposing some posters and support materials already developed by NHS England.

Lisa Adams raised that more support was required for GPs in following through with the guidance within the Low Priority for Funding papers. Darren Ormond agreed with the group that initiatives like these need further support in driving a cultural shift in patient expectations; he agreed to take this to Andrew Evans for further discussion.

There was discussion around the difficulties faced by GPs in following through with guidelines such as these, and it was agreed that wider policy changes would be helpful to support these initiatives.

Despite the above concerns on implementation, members were happy with the content of this paper and happy for it to proceed with wider consultation, prior to endorsement by AWMSG.

Richard Boldero also presented a recent draft of the NHS England document, *Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs* that is currently undergoing a 3 month consultation. This paper was being considered as forming the basis of the fourth Low Priority for Funding paper to be progressed once the 'Over the Counter' paper (discussed above) was completed, with an All Wales version likely to be presented at the next AWPAG meeting. The group supported such a paper being progressed to be in line with NHS England.

ACTION: Darren Ormond to discuss with Andrew Evans ways in which Welsh Government can support the *Low Priority for Funding* initiatives
ACTION: AWTTTC to disseminate paper for consultation.

Karen Samuels joined the meeting.

8.4 Mental health medicines in older adults: the Adverse Drug Reaction (ADRe) Profile to check patients for signs and symptoms of adverse effects

Professor Sue Jordan provided an update on the ADRe Profile work. Changes suggested at the last AWPAG meeting have been made and the document has been out to consultation. Consultation comments have been addressed in writing and Sue Jordan also pointed out there needs to be flexibility in terms of implementation in order to effectively facilitate quarterly reviews of people on antipsychotics and provide personalised care. The benefits for staff were also highlighted along with the reduced need for undertaking the time consuming process of going through all reviews and care plans.

Some of the consultation comments raised issues that are outside of the remit of the group.

There was a suggestion to add information on opioids and gabapentinoids and make clearer in the guideline that pain causes falls but so do medicines for pain.

There was discussion of where the completed profile will be kept. It was highlighted that it would be useful if it was available longer term and patients could have a copy, and for it to be available in a patients' notes; there was a suggestion to make it available as an electronic record.

The implementation question of how the profile could be shared with the wider health service was highlighted as worth further investigation. Sue Jordan confirmed that development of an electronic version would be desirable but that there was a resource issue. Members were happy to endorse the work as good practice, but felt there were still some implementation questions to address. There was the suggestion to make into an app, perhaps as an Invest to Save project.

Louise Howard-Baker informed members that Sue Jordan had been to North Wales to discuss use of the profile and confirmed that Betsi Cadwaladr UHB will be going ahead with use in some settings and as part of that work they would consider how to make the profile part of the patient record.

Karen Samuels suggested that AWMSG could be asked to consider best routes for implementation.

Sally Lewis suggested sharing with the Assistant Medical Directors Primary Care Group. It was confirmed that members will have received it already through consultation. The video of the ADRe session from the Best Practice Day 2018 will be sent to Sally Lewis.

Document will go to the next AWMSG in February for endorsement.

ACTION: The video of the ADRe session from the Best Practice Day 2018 to be sent to Sally Lewis.

ACTION: Sally Lewis to share initiative with the Assistant Medical Directors Primary Care Group.

ACTION: AWMSG to be asked for implementation suggestions.

8.5 All Wales COPD Management and Prescribing Guide

Simon Barry presented an update on the All Wales COPD Management and Prescribing Guide project.

He stated that it had not been possible to respond to all of the consultation comments received. He reiterated that the aim of the project was to rebalance the QALY pyramid, ensuring that patients get smoking cessation referrals, vaccination and an exercise/educational intervention before prescribing inhalers. He also highlighted how some amendments had already been made to the guideline, including: addition of the publication and review dates; improving consistency in how LAMA + LABA combination therapies are referred to throughout the guideline; and including a statement of 'check compliance' at every prescribing step within the guideline.

Simon Barry described how this management guide will complement other work in development, including work being carried out with Public Health Wales on an app to support smoking cessation through providing locations of geo-mapped smoking cessation services. There is also ongoing work to provide a more consistent approach to managing patients with breathlessness across Wales – but the current lack of pulmonary rehabilitation availability must be taken into account when developing this guidance.

Simon Barry then addressed the comment that LAMA monotherapy was not included as a treatment step prior to LAMA+LABA combination therapy. It was stated the cost difference is low and there is evidence that combination therapies provide improved bronchodilation and simplified therapy, so the guidance on using LAMA+LABA combination therapies will remain as it is.

A comment submitted by Rick Greville on the inclusion of prices within the guide was then discussed. It was raised by members that prices change relatively often, and various rebates that may differ between health boards are likely to make some prices inaccurate. Following discussion, it was agreed that the prices should be removed.

Rob Bracchi raised the issue that NICE was due to publish an updated guideline imminently, and queried if this was likely to differ from the All Wales COPD guideline in any way. Simon Barry assured members that there shouldn't be any major differences.

There was discussion on the reasoning behind why all inhaler options were not included for products. Simon Barry stated that, a key principle of developing the guidance had been to cover a reasonable range of options while being aware of the cost factor. In order to address the limited number of therapy options in the guideline, it was agreed to include wording of 'For example' prior to listing any of the products.

With the expectation that the changes agreed in the meeting, and outlined in his consultation comment responses, would be made, members agreed that this guideline could be presented to AWMSG for consideration.

Document will go to the next AWMSG in February for endorsement.

ACTION: Simon Barry to make amends to guideline to address comments. This includes: listing publication and review dates; improving consistency in naming convention of LAMA + LABA combination therapies; including 'check compliance' statement throughout; removing therapy costs; adding 'for example' wording alongside lists of therapy options.

ACTION: Once amends have been made, the guideline will be submitted to AWMSG for endorsement in February.

8.6 Nationally agreed multi-professional standard for medicine reviews

Kath Haines informed members that there have been three volunteers for the task and finish group to date; Tessa Lewis will chair the group. It was felt that there were likely to be people outside of AWPAG who would like to be involved. Members volunteered (Mike Curson, Sue Jeffs, Laurence Gray, Bev Woods) or offered to speak to their teams (Louise Howard-Baker, Bethan Tranter). PHW will also be represented.

9.0 Verbal updates

9.1 CEPP National Audit: Antipsychotics in Dementia

Claire Thomas thanked members for their feedback on the consultation comments and informed members that the audit will be presented at AWMSG next week. Claire Thomas also informed members that a short-life working group had been convened by Welsh Government, in response to one of the recommendations from the Health, Social Care and Sport Committee's inquiry into the use of antipsychotics in care homes. The report from the group is due out shortly, and it is likely that the audit will be noted in the recommendations.

9.2 Document review

Several documents which had been suggested for review or had received a recent update were discussed.

Anticoagulant documents

The Risk Benefit Assessment Tool was highlighted as needing an update to include edoxaban as an available NOAC. During the course of checking this document it was decided that a more substantial review was required for this and for the Role of Oral Anticoagulants document. It was suggested that these two documents plus the Warfarin Monitoring document could be grouped together and reviewed as one. Members agreed and Louise Howard-Baker volunteered to help with the review. It was agreed that the documents should be sent to the original anticoagulation subgroup for their thoughts.

ACTION: Documents to be sent to the anticoagulant subgroup.

Paediatric Steroid Replacement Treatment Card

It was highlighted that the Paediatric Steroid Replacement Card may need to be reviewed and members agreed. It was also suggested that a similar card for Addison's disease could be produced. Members felt this would be worthwhile.

ACTION: AWTTTC to contact original lead for the Paediatric Steroid Replacement Card.

ACTION: Chair to complete a New Project Proposal Form for the Addison's disease patient card.

Guide to Prescribing Gluten-free Products

Members were informed that this document had been updated in light of an updated list of Advisory Council on Borderline Substances prescribable products, available from Coeliac UK. It was noted that gluten-free products form part of the NHS England cost efficiencies work but it was agreed to not include this in the Low Priority for Funding work as initiatives are already in place.

10.0 AWMSG Acknowledgement process

A new process for acknowledging good practice work produced externally has been developed. Work will be acknowledged and signposted on the AWMSG website without the need for consultation, editing and input from AWPAG and AWTTTC. Instead members will be asked to consider whether they can support the work in its current form. If not, then the work can be processed via the usual AWTTTC project process. Members supported the acknowledgment process.

Your Medicines Your Health

Rob Bracchi outlined the work to reduce medicines waste and encourage adherence undertaken by Martin Davies in Cwm Taf, which has been endorsed by Welsh Government. He informed members that this work aligns with recommendations in the AWMSG Strategy. Members agreed that this work should progress through the AWMSG Acknowledgement process.

Making Choices Together

Louise Howard-Baker outlined the work by Paul Myres, also known as “Choosing Wisely”. This work focuses on making decisions in partnership with patients and aligns with the AWMSG Strategy. Members agreed that this work should progress through the AWMSG Acknowledgement process.

11.0 Best Practice Day 2019

Kath Haines provided an update on the Best Practice Day 2019 and informed members that two speakers have so far been confirmed. Members made additional suggestions: Emma Williams, Cwm Taf, test and treat for group A streptococcal infection and Tom Cox, HMP Berwyn, on implementing the NPI guidance in relation to gabapentin and pregabalin.

Further topic suggestions were submitted throughout the meeting:

- Low priority for funding – the patient perspective
- Antibiotics – Challenges for prescribers
- Antibiotic allergy – de-labelling
- Antibiotics – systems for delaying treatments

ACTION: Members to make further suggestions

ACTION: AWTTTC to follow up with suggested speakers

Kath Haines also informed members that a Biosimilars Best Practice Day was scheduled for 21 January 2019 and outlined the agenda. Members were invited to register.

12.0 AWPAG Code of Practice

The Chair asked members to sign the AWPAG Code of Practice.

13.0 Feedback from the All Wales Chief Pharmacists Group

Bethan Tranter provided an update on the work of the All Wales Chief Pharmacists Group.

14.0 Feedback from Health Boards

A new addition to the AWPAG Code of Practice calls on members to bring feedback from their health boards to the attention of the group at meetings and also to ensure that pertinent matters are fed back to their health boards following the meeting.

Mike Curson raised an issue that has been discussed in Aneurin Bevan: anaphylaxis and allergy. Members discussed how needles used by young allergy sufferers may not be of an appropriate length due to factors such as age and sex, and children with more body fat may need longer needles in order to penetrate muscle and may also need an adult dose. Guidance in instances like these could be useful and Mike Curson agreed to complete a New Project Proposal Form and bring this to the next meeting.

ACTION: Mike Curson to complete NPPF for the next meeting.

15.0 Interim Pathways Commissioning Group (IPCG) Membership

A position on the IPCG will become vacant when Sue Jeffs steps down from AWPAG. It will be a non-voting role as AWPAG representative. Sally Lewis expressed an interest and will discuss the role with Karen Samuels.

16.0 Any other business (Chair to have been informed prior to the meeting)

New AWMSG website

Members were informed that a new AWMSG website is currently being developed and they were requested to complete a short survey to help inform development.

ACTION: Members to complete website survey (available here: www.research.net/r/AWMSG)

UTI Cluster Quality Improvement Proposal

Tessa Lewis asked members to consider work she was undertaking on urinary tract infections (UTIs) as medical advisor to Welsh Government and alongside the NICE common infections work stream. The work relates to incentivisation and the Quality Outcomes Framework, with a focus on quality improvement. Members were requested to consider the document for sense and to flag any possible duplication of effort as well as commenting on how it fits with incentive schemes. The work is based on the NICE Quality Standard and focused on four interventions.

Louise Howard-Baker pointed out that the work fits well with one of the NPIs which may be included in future years when 2D barcoded prescription data is available: trimethoprim for UTI in people over 65.

The review at 6 months was raised and it was suggested that more detail could be included on what happens at that review. Tessa Lewis will consider this.

Sally Lewis supported the work and suggested that it would be helpful for practitioners to have better access to the data as it is not adequately accessible. It was confirmed that practices have access to their own data via CASPA and the Server for Prescribing Information Reporting and Analysis (SPIRA) to practitioner and product level, although access is not currently available outside of the NHS network. It was suggested that a summary sheet explaining where you can access prescribing data would be useful and improve accessibility.

There was discussion around resistance data and the benefits of having access to that data down to practice level. It was stated that PHW do produce reports on resistance. Kath Haines agreed to speak to Nik Reid.

Tessa Lewis requested specific feedback on catheter list; on how they are compiled and how procurement is carried out. It was confirmed that this takes place in a variety of ways making comparison difficult. Members volunteered to do mini pilots (Louise Howard-Baker, Bev Woods, Becky McGee).

ACTION: Kath Haines to feed back to Nik Reid on access to resistance data.

ACTION: AWTTC to develop a summary sheet on access to prescribing data.

ACTION: Members to carry out mini pilots.

Welsh Hospitals Electronic Prescribing and Pharmacy Medicines Administration (WHEPPMA)

Gareth Collier was unable to attend this meeting and gave his apologies. He is now scheduled to present to AWPAG in March 2019.

AWTTC have recently met with Gareth Collier and Phil Ransome from WHEPPMA. They have asked if AWPAG would be able to help create an advice/reference document on benefit realisation for health board staff once ePMA is implemented, as there will surely be areas of common focus across Wales. They would like to append the document to the ePrescribing business case they are hoping to submit in summer 2019. It was noted that health boards have been collecting medication error data through the iMPACT study; Cheryl Way has been leading on this work and it was suggested that more information be sought from her.

ACTION: AWPAG to consider development of advice/reference document to support ePrescribing business case.

ACTION: AWTTC to obtain update from Cheryl Way on data collection.

AWPAG Deputy Chair

In light of Sue Jeffs resignation there is now a vacancy for an AWPAG Deputy Chair. Members were asked to consider and let the Chair know of any nomination.

17.0 Date of next meeting: Wednesday 20th March 2019